U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

Me no		
1. File Number U - 7904	2. Fiscal Year Covered From:	
	1 / 1 / 2004 Through: 12 / 31 / 2004	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name charles w munz	Name Intl.Union of Elevator Constructors	
	Labor Organization File Number 013-527	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 213 sunny drive	Street 2945 banksville road	
City pittsburgh	City pittsburgh	
State Pennsylvania ZIP Code +4 15236-265	State Pennsylvania ZIP Code + 4 15216-2749	
5. Position in labor organization.		
A. Held an interest in, engaged in transactions (including loans) with, monetary value from an employer whose employees your organize. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any		
	7.b. Amount.	
Street		
City		
State ZIP Code + 4		
Signature		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed Marks W My TH	On 8/3/2005 412-655-7234	
	Date Telephone Number	

Name of Person Filing charles munz	File Number U-
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.	
8. Name and address of Business (including trade name, if any). Name NEIEP Trade Name, if any: P.O. Box, Bldg., Room No., if any Street Eleven Larson Way City Attleboro Falls State Massachusetts ZIP Code + 4 02763 - 9980 10. If 9.b. or 9.c. is checked give trust or employer's name. Name	9. Business deals with: X a. Labor Organization b. Trust c. Employer 11.a. Nature of such dealing. A trust that conducts business with I.U.E.C.
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. Employment wages for teaching at the I.U.E.C. education program apprenticeship for year 2004
	12.b. Amount. \$19,040
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.